



**Targretin**  
(bexarotene)

**Prior Authorization Form**  
**Curascript**  
**Fax (888) 773-7386**

Last Name		First Name		Prescriber's Name		Specialty	
Home Phone		Work Phone		Office Phone		Office Fax	
Home Address		City	State	ZIP	Address		City State ZIP
VH ID number		Date of Birth		Est. Start Date		Office Contact	
<b>For Specialty Medications Only:</b> Shipping Address (if different from home address) <input type="checkbox"/> Physician <input type="checkbox"/> Home				Special Instructions (i.e. Non-English Speaking Patient, etc.):			

Medication:		Diagnosis:	
Sig:	Qty:	Refills:	ICD 9 Code:

Secondary/ Supplemental Insurance Company	Phone	Name of Insured	ID Number	Group Number
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<p><b>1. Is the diagnosis or indication for the treatment of:</b></p> <p><input type="checkbox"/> Cutaneous T-cell lymphoma</p> <p><input type="checkbox"/> Mycosis fungoides</p> <p><input type="checkbox"/> Lesions with Stage IA or IB cutaneous T-cell lymphoma (CTCL)</p>
<p><b>2. Was the prescription written or initiated by an Oncologist or Dermatologist?</b></p>
<p><b>3. Has the patient tried and failed another oral or topical therapy? If so, please specify.</b></p>
<p><b>4. For patients receiving oral bexarotene therapy, are the member's current ALT/AST labs, fasting lipids, WBC, and thyroid function tests all within normal range? Please provide to SCAN.</b></p>
<p><b>5. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?</b></p>

Physician's Signature: \_\_\_\_\_ NPI/DEA #: \_\_\_\_\_ Date: \_\_\_\_\_

<p><u>For Internal Use Only</u></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reviewer's Initials _____ Decision Date _____</p> <p>Comments _____</p>
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Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.